

DATE:

BADGE #

**ALCOHOL LAW ENFORCEMENT
FITNESS ASSESSMENT**

| LAST NAME | FIRST NAME | MI | DOB | AGE | SEX | SS# (LAST 4) |
|-----------|------------|----|-----|-----|-----|-----------------|
| | | | | | | |

Height: _____

Blood Pressure: _____

Weight: _____

Resting Heart Rate: _____

| EXERCISE | SCORE | PERCENTILE | INITIALS |
|---------------|--|------------|----------|
| Flexibility | | | |
| Push-Ups | | | |
| Sit-Ups | | | |
| 300 Meter Run | | | |
| | SUBTOTAL | | |
| | Average Percentile (Subtotal/4) | | |

PT Instructors:

1. _____
2. _____
3. _____

I _____, listed on reverse side, know of no medical or
(First Middle Last Name)

any other reason why I should not participate in this physical assessment or exercise program. I have not withheld any medical or other pertinent information concerning my physical condition or abilities and agree to abide by all rules and directions provided by the instructor.

I hereby give informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests and participating in a variety of physical activities. The purpose of the testing is to evaluate the participant's overall physical fitness level. All exercise testing and physical activity sessions will be supervised and monitored by trained fitness instructors. These activities may include, but are not limited to, walking, running, weight training, and callisthenic exercises performed in either field or gymnasium settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the staff will take appropriate action, including administering CPR and first aid, and contacting emergency medical personnel. I further understand that the staff may refer me to a physician prior to any further participation in physical fitness testing or training.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is my responsibility to provide accurate and complete medical/health history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

Signature: _____ **Date:** _____